

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO
10/009263

FILING DATE
11 MAR 2002

APPLICANT(S)

Bolten

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		/				
2							52		/				
3							53		/				
4							54		/				
5							55	/					
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44			/				94						
45				/			95						
46				/			96						
47				/			97						
48				/			98						
49				/			99						
50				/			100						
TOTAL IND.			2				TOTAL IND.	1					
TOTAL DEP.			19				TOTAL DEP.	5					
TOTAL CLAIMS			21				TOTAL CLAIMS	6					

BEST AVAILABLE COPY